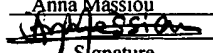


LTZ

Certificate of Mailing By "U.S. Certified Mail" Under 37 C.F.R. 1.8	
"CERTIFIED MAIL" Mailing Label Number: 7006 0810 0003 3415 5744	Date of Deposit: 12/19/2006
I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "CERTIFIED MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.8 on the date indicated above and is addressed to the Commissioner For Patents, Alexandria, VA 22313-1450.	
Name: Anna Massiou  Signature	12/19/2006 Date

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Luu, et al.	Attorney Docket No. SIGLAZ-P007
Serial No.: 10/765,505	Examiner: Stevenson, Andre C
Filed: 01/26/2004	Art Unit: 2812
For: Automated Sourcing of Substrate Microfabrication Defects Using Defect Signatures	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

ATTN: Mail Stop Amendment

**AMENDMENT TRANSMITTAL LETTER**

Dear Sir:

**PLEASE CHANGE DOCKET NUMBER FROM [TWIN-P001] to [SIGLAZ-P007].**

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 9 pages.
- ☐ b. Substituted Drawings:        sheets.
- ☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
- ☐ d. An Information Disclosure Statement under 37 CFR        1.97(b) ☒ 1.97(c)
- ☒ e. A stamped, self-addressed, return postcard.
- ☒ f. A Check (# 4398 ) for \$ 510.00 to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
- ☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☒ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of 3 months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d).

<u>Extension of Time</u>	<u>Large Entity Fee</u>	<u>Small Entity Fee</u>
i. One (1) month .	<u>      </u> \$ 120.00	<u>      </u> \$ 60.00
ii. Two (2) month .	<u>      </u> \$ 450.00	<u>      </u> \$ 225.00
iii. Three (3) month .	<u>      </u> \$ 1,020.00	<input checked="" type="checkbox"/> \$ 510.00

**Extension Time Fee Total: \$ 510.00**

- ☐ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482.**

#### 4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	20	- 34 =	0	x \$ 50.00 Large Entity x \$ 25.00 Small Entity	\$0.00
b. Independent Claims	6	- 11 =	0	x \$200.00 Large Entity x \$100.00 Small Entity	\$0.00
c. Multiple Dependent Claims Added By This Amendment				x 360.00 Large Entity x 180.00 Small Entity	\$0.00
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$510.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$0.00
f. Total Fees					\$510.00

#### 5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

\_\_\_\_\_ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

X A Check # 4398 for \$ 510.00 for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

X Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

**CUSTOMER NO: 22877**

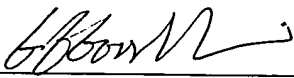
**FERNANDEZ & ASSOCIATES, LLP**

**Patent Attorneys**

**Phone: (650) 325-4999**

**Fax: (650) 325-1203**

Respectfully submitted,

  
\_\_\_\_\_  
Behfar Bastani-Booshehri  
Registration No. 52,599

12/19/2006  
\_\_\_\_\_  
Date